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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032,272
	Filing Date	12/22/2001
	First Named Inventor	Haoshi Song
	Group Art Unit	2621
	Examiner Name	Brian P. Werner
Total Number of Pages in This Submission	Attorney Docket Number	1391-27300

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Technology Center 2600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO Form 1449 w/ 1 reference 2. Acknowledgement Post Card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Collin A. Rose
Signature	<i>Collin A. Rose</i>
Date	May 7, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or Printed Name	Laura H. Ehrlich	Date	May 7, 2003
Signature	<i>Laura Ehrlich</i>		

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FEE TRANSMITTAL
For FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$180.00**Complete if Known**

Application Number 10/032,272

Filing Date 12/22/01

First Named Inventor Haoshi Song

Examiner Name Brian P. Werner

Group Art Unit 2621

Attorney Docket No. 1391-27300

METHOD OF PAYMENT (Check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	\$
1002 330	2002 165	Design filing fee	\$
1003 520	2003 260	Plant filing fee	\$
1004 750	2004 375	Reissue filing fee	\$
1005 160	2005 80	Provisional filing fee	\$

SUBTOTAL (1) \$**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
42 - 42** = 3 x		18.00	= \$00.00
Independent Claims 5 - 6** = 0 x		84.00	= \$00.00
Multiple Dependent		280.00	= \$00.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent Claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	\$
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$
1053 130	1053 130	Non-English specification	\$
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	\$
18042 920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$
1251 110	2251 55	Extension for reply within first month	\$
1252 410	2252 205	Extension for reply within second month	\$
1253 930	2253 465	Extension for reply within third month	\$
1254 1,450	2254 725	Extension for reply within fourth month	\$
1255 1,970	2255 985	Extension for reply within fifth month	\$
1401 320	2401 160	Notice of Appeal	\$
1402 320	2402 160	Filing a brief in support of an appeal	\$
1403 280	2403 140	Request for oral hearing	\$
1451 1,510	1452 1,510	Petition to institute a public use proceeding	\$
1452 110	2452 55	Petition to revive - unavoidable	\$
1453 1,300	2453 650	Petition to revive - unintentional	\$
1501 1,300	2501 650	Utility issue fee (or reissue)	\$
1502 470	2502 235	Design issue fee	\$
1503 630	2503 315	Plant issue fee	\$
1460 130	1460 130	Petitions to the Commissioner	\$
1807 50	1806 50	Processing fee under 37 CFR 1.17(g)	\$
123 50	123 50	Petitions related to provisional applications	\$
1806 180	1806 180	Submission of Information Disclosure Stmt	\$180.00
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	\$
1801 750	2801 375	Request for Continued Examination (RCE)	\$
1802 900	1802 900	Request for expedited examination of a design application	\$
Other fee (specify)			\$

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$180.00**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)

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Signature

Collin A. Rose

Date

May 7 2003

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